

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Silver State PAC, Inc.

ADDRESS (number and street)

610 S. Boulevard

Check if different
than previously
reported. (ACC)

Tampa

FL

33606

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00619965

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15
Quarterly Report (Q1)
- ☐ July 15
Quarterly Report (Q2)
- ☐ October 15
Quarterly Report (Q3)
- ☐ January 31
Year-End Report (YE)
- ☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)
- ☐ Termination Report
(TER)

(b) Monthly
Report
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)
(Non-Election Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)
(Non-Election Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

M M / D D / Y Y Y Y Y Y

in the
State of(d) 30-Day
POST-Election
Report for the:

- ☒ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

M M / D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y Y Y
10 20 2016

through

M M / D D / Y Y Y Y Y Y
11 28 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Watkins, Nancy, H., ,

Type or Print Name of Treasurer

Signature of Treasurer

Watkins, Nancy, H., ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
12 08 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Silver State PAC, Inc.

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
10		20		2016

To:

M M	/	D D	/	Y Y Y Y
11		28		2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="4">2016</td></tr></table>	Y	Y	Y	Y	2016					<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td><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This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

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Page 3

Write or Type Committee Name

Silver State PAC, Inc.

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
10		20		2016

To:

M M	/	D D	/	Y Y Y Y Y Y
11		28		2016

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

250000.00

281000.00

(ii) Unitemized

0.00

16.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

250000.00

281016.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

50000.00

335000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

300000.00

616016.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))

300000.00

616016.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

300000.00

616016.00

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	92240.25	125322.51
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	92240.25	125322.51
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	343000.00	488000.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	435240.25	613322.51
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	435240.25	613322.51

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	300000.00	616016.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	300000.00	616016.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	92240.25	125322.51
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	92240.25	125322.51

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 17

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Silver State PAC, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hillman, Tatnall, , ,

Mailing Address 504 W. Bleeker Street

City
Aspen

State
CO

Zip Code
81611

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2016

Transaction ID : SA11AI.4183

Amount of Each Receipt this Period

25000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hillman, Tatnall, , ,

Mailing Address 504 W. Bleeker Street

City
Aspen

State
CO

Zip Code
81611

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

65000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 01 / 2016

Transaction ID : SA11AI.4209

Amount of Each Receipt this Period

15000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Humphreys, David, Craig, ,

Mailing Address P. O. Box 4050

City
Joplin

State
MO

Zip Code
64083

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Tanko Roofing

Occupation (for Individual)
president

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 24 / 2016

Transaction ID : SA11AI.4178

Amount of Each Receipt this Period

100000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

140000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 17
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
Silver State PAC, Inc.

A. Mercer, Robert, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 600 Route 25A City East Setauket State NY Zip Code 11733 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Renaissance Technologies Corp. Occupation (for Individual) investment management Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 100000.00			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 28 / 2016 Transaction ID : SA11AI.4185 Amount of Each Receipt this Period 100000.00 <input type="checkbox"/> Memo Item
B. Pfautch, Roy, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 52 Portland Place City Saint Louis State MO Zip Code 63108 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) self-employed Occupation (for Individual) international affairs consultant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 10000.00			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 04 / 2016 Transaction ID : SA11AI.4220 Amount of Each Receipt this Period 10000.00 <input type="checkbox"/> Memo Item
C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address City State Zip Code FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Occupation (for Individual) Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼			Date of Receipt M M / D D / Y Y Y Y Y Y Amount of Each Receipt this Period <input type="checkbox"/> Memo Item
SUBTOTAL of Receipts This Page (optional)..... ▶			110000.00
TOTAL This Period (last page this line number only)..... ▶			250000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 17
(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Silver State PAC, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. American Academy of Family Physicians PAC

Mailing Address 1133 Connecticut Ave. N.W., #1100

City
Washington

State
DC

Zip Code
20036

FEC ID number of contributing
federal political committee.

C

C00411553

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 20 / 2016

Transaction ID : SA11C.4168

Amount of Each Receipt this Period

25000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. American Academy of Ophthalmology, Inc. PAC

Mailing Address 655 Beach Street

City

San Francisco

State
CA

Zip Code
94109

FEC ID number of contributing
federal political committee.

C

C00196246

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 27 / 2016

Transaction ID : SA11C.4180

Amount of Each Receipt this Period

25000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

50000.00

TOTAL This Period (last page this line number only)..... ►

50000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 17

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Silver State PAC, Inc.

Full Name (Last, First, Middle Initial)

A. DMI Direct

Mailing Address 18 Rancho Circle

City
Lake ForestState
CAZip Code
92630Purpose of Disbursement
Campaign consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			3	1			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.4202

Amount of Each Disbursement this Period

8000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Freedom Force, LLC

Mailing Address P. O. Box 66483

City
WashingtonState
DCZip Code
20035Purpose of Disbursement
Campaign strategy

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	1			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.4171

Amount of Each Disbursement this Period

8000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Freedom Force, LLC

Mailing Address P. O. Box 66483

City
WashingtonState
DCZip Code
20035Purpose of Disbursement
Website services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	1			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.4173

Amount of Each Disbursement this Period

8000.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

24000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 17

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Silver State PAC, Inc.

Full Name (Last, First, Middle Initial)

A. Freedom Force, LLC

Mailing Address P. O. Box 66483

City
WashingtonState
DCZip Code
20035Purpose of Disbursement
Campaign strategy

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		26		2016

FEC Identification Number

C

Transaction ID : SB21B.4187

Amount of Each Disbursement this Period

8000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Freedom Force, LLC

Mailing Address P. O. Box 66483

City
WashingtonState
DCZip Code
20035Purpose of Disbursement
Campaign strategy

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		28		2016

FEC Identification Number

C

Transaction ID : SB21B.4188

Amount of Each Disbursement this Period

3500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Freedom Force, LLC

Mailing Address P. O. Box 66483

City
WashingtonState
DCZip Code
20035Purpose of Disbursement
Media placement-not disseminated

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		28		2016

FEC Identification Number

C

Transaction ID : SB21B.4197

Amount of Each Disbursement this Period

500.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

12000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 17

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Silver State PAC, Inc.

Full Name (Last, First, Middle Initial)

A. Freedom Force, LLC

Mailing Address P. O. Box 66483

City
WashingtonState
DCZip Code
20035Purpose of Disbursement
Campaign strategy

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
11		02		2016

FEC Identification Number

C

Transaction ID : SB21B.4210

Amount of Each Disbursement this Period

15000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Freedom Force, LLC

Mailing Address P. O. Box 66483

City
WashingtonState
DCZip Code
20035Purpose of Disbursement
Campaign management

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
11		02		2016

FEC Identification Number

C

Transaction ID : SB21B.4211

Amount of Each Disbursement this Period

4500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Raise the Money

Mailing Address P. O. Box 26466

City
Little RockState
ARZip Code
72221Purpose of Disbursement
Credit card fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
10		20		2016

FEC Identification Number

C

Transaction ID : SB21B.4163

Amount of Each Disbursement this Period

490.25

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

19990.25

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 17

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Silver State PAC, Inc.

Full Name (Last, First, Middle Initial)

A. Robert Watkins & Company

Mailing Address 610 S. Boulevard

City
TampaState
FLZip Code
33606Purpose of Disbursement
Accounting services

Candidate Name

 Office Sought: ☐ House
☐ Senate
☐ President

 Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			28			2016					

FEC Identification Number

C

Transaction ID : SB21B.4200

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Robert Watkins & Company

Mailing Address 610 S. Boulevard

City
TampaState
FLZip Code
33606Purpose of Disbursement
Accounting services

Candidate Name

 Office Sought: ☐ House
☐ Senate
☐ President

 Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			23			2016					

FEC Identification Number

C

Transaction ID : SB21B.4223

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. The J Harris Company, LLC

Mailing Address 1301 Southwest Blvd.

City
Jefferson CityState
MOZip Code
65109Purpose of Disbursement
Fundraising consulting

Candidate Name

 Office Sought: ☐ House
☐ Senate
☐ President

 Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			28			2016					

FEC Identification Number

C

Transaction ID : SB21B.4201

Amount of Each Disbursement this Period

21000.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

31000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 17

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Silver State PAC, Inc.

Full Name (Last, First, Middle Initial)

A. The J Harris Company, LLC

Mailing Address 1301 Southwest Blvd.

City
Jefferson CityState
MOZip Code
65109Purpose of Disbursement
Fundraising consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		23		2016

FEC Identification Number

C

Transaction ID : SB21B.4222

Amount of Each Disbursement this Period

5250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5250.00

92240.25

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 14 OF 17
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Silver State PAC, Inc.				FEC IDENTIFICATION NUMBER ▼ C C00619965	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Freedom Force, LLC			<input type="checkbox"/> Memo Item		
Mailing Address P. O. Box 66483			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 24 / 2016		
City Washington		State DC	Zip Code 20035		
Purpose of Expenditure Online advertising		Category/ Type 		Amount 52000.00	
Name of Federal Candidate: Heck, Joe, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶		
Calendar Year-To-Date Per Election for Office Sought			 197000.00 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Freedom Force, LLC			<input type="checkbox"/> Memo Item		
Mailing Address P. O. Box 66483			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 27 / 2016		
City Washington		State DC	Zip Code 20035		
Purpose of Expenditure Video production/editing		Category/ Type 		Amount 10000.00	
Name of Federal Candidate: Heck, Joe, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶		
Calendar Year-To-Date Per Election for Office Sought			 207000.00 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			 62000.00		
(a) SUBTOTAL of Unitemized Independent Expenditures			 		
(a) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Watkins, Nancy, H., ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 12 / 08 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 15 OF 17
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Silver State PAC, Inc.				FEC IDENTIFICATION NUMBER ▼ C C00619965	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Freedom Force, LLC			<input type="checkbox"/> Memo Item		
Mailing Address P. O. Box 66483			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 27 / 2016		
City Washington		State DC	Zip Code 20035		
Purpose of Expenditure Media placement		Category/ Type 		Amount 144600.00	
Name of Federal Candidate: Heck, Joe, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶		
Calendar Year-To-Date Per Election for Office Sought			 351600.00 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Freedom Force, LLC			<input type="checkbox"/> Memo Item		
Mailing Address P. O. Box 66483			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 01 / 2016		
City Washington		State DC	Zip Code 20035		
Purpose of Expenditure Media placement		Category/ Type 		Amount 10900.00	
Name of Federal Candidate: Heck, Joe, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶		
Calendar Year-To-Date Per Election for Office Sought			 362500.00 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			 155500.00		
(a) SUBTOTAL of Unitemized Independent Expenditures			 		
(a) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Watkins, Nancy, H., ,</u> [Electronically Filed]			Date M M / D D / Y Y Y Y Y Y 12 / 08 / 2016		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Silver State PAC, Inc.				FEC IDENTIFICATION NUMBER ▼ C C00619965	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on MM / DD / YYYY	
Full Name of Payee Freedom Force, LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2016		
Mailing Address P. O. Box 66483			Amount 95500.00		
City Washington		State DC	Zip Code 20035		Transaction ID : SE.4207
Purpose of Expenditure Media placement			Category/ Type 		Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2016
Name of Federal Candidate: Heck, Joe, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV
Calendar Year-To-Date Per Election for Office Sought			458000.00		
Full Name of Payee Freedom Force, LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2016		
Mailing Address P. O. Box 66483			Amount 1000.00		
City Washington		State DC	Zip Code 20035		Transaction ID : SE.4213
Purpose of Expenditure Online advertising			Category/ Type 		Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2016
Name of Federal Candidate: Heck, Joe, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV
Calendar Year-To-Date Per Election for Office Sought			459000.00		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			2016 <input type="checkbox"/> Other (specify) ▶		
<div style="display: flex; justify-content: space-between;"> <div> <p>(a) SUBTOTAL of Itemized Independent Expenditures</p> <p>(a) SUBTOTAL of Unitemized Independent Expenditures</p> <p>(a) TOTAL Independent Expenditures</p> </div> <div style="border: 1px solid black; padding: 5px; width: 250px;"> <p>96500.00</p> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Watkins, Nancy, H., ,</u>			Date MM / DD / YYYY 12 / 08 / 2016		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 17 OF 17
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Silver State PAC, Inc.				FEC IDENTIFICATION NUMBER ▼ C C00619965	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Freedom Force, LLC			<input type="checkbox"/> Memo Item		
Mailing Address P. O. Box 66483			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 04 / 2016		
City Washington		State DC	Zip Code 20035		Amount 5000.00
Purpose of Expenditure Media production			Category/ Type 		Transaction ID : SE.4215 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 02 / 2016
Name of Federal Candidate: Heck, Joe, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought			464000.00		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			2016		
Full Name of Payee Freedom Force, LLC			<input type="checkbox"/> Memo Item		
Mailing Address P. O. Box 66483			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 06 / 2016		
City Washington		State DC	Zip Code 20035		Amount 24000.00
Purpose of Expenditure Media placement			Category/ Type 		Transaction ID : SE.4218 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 02 / 2016
Name of Federal Candidate: Heck, Joe, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought			488000.00		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			2016		
(a) SUBTOTAL of Itemized Independent Expenditures			29000.00		
(a) SUBTOTAL of Unitemized Independent Expenditures			 		
(a) TOTAL Independent Expenditures			343000.00		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Watkins, Nancy, H., ,			[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 12 / 08 / 2016